Interview #5 Tom Hill - Reflections on the Historic 2001 Recovery Summit in St. Paul, Minnesota, and the start of the New Recovery Advocacy Movement

Forward: Few people have had as much impact on the way we think about recovery advocacy in America as has Tom Hill. He has been generous of his time with so very many of us in our efforts to strengthen recovery community organizations across the nation. Tom mentored me in his prior role as Senior Associate at Altarum Institute and his efforts to support RCSP grant holders. He helped PRO-A, our statewide RCO here in Pennsylvania to adopt our current organizational framework. Tom has also used his role in the policy realm to develop recovery-oriented systems of care and support efforts to get more people into long term recovery. He is humble and hardworking. Tom is the recipient of numerous awards, including the Johnson Institute America Honors Recovery Award, the NALGAP Advocacy Award and a Robert Wood Johnson Fellowship in the Developing Leadership in Reducing Substance Abuse initiative.

At one point in the interview, he choked up and became emotional, his voice cracking over the phone. It was when he was reflecting on what we have achieved over the last two decades. He was speaking about being able to be open about recovery. He emphasized that just a few years ago, the common public response to a person being open about recovery was revulsion. People like Tom were instrumental in starting us down the path we are on so that we can one day fully normalize recovery and be seen as the key, collaborative stakeholders in matters that impact us.

1. Who are you and what brought you to St Paul at that time?

My name is Tom Hill, and I am a person in long term recovery. I came of age in the early days of the HIV movement as a member of the LGBTQ community which a decade earlier organized against stigma and discrimination within our community. We were dying and we needed to stand up or perish. My orientation within the gay rights movement included a framework of social activism and analysis of oppression that informed me as I moved into recovery. Also, as background, I received my MSW in community organizing from Hunter College at City University of New York. Through these experiences and my training, I see myself as a recovery advocate and sometimes a recovery activist. My work in the recovery space was not a planned path, it happened organically.

Prior to my current position, I was Vice President of Practice Improvement for the National Council and a Presidential Appointee in the position of Senior Advisor on Addiction and Recovery to the SAMHSA Administrator and at one point served as Acting Director of the Center for Substance Abuse Treatment. I did not strive for a career in government, but at some point, I realized I had a skill set that would be useful in this area of service and so I became involved in Government. As an aside, we need more young people in recovery to consider getting involved in this way, it is an important role.

2. Is there a particular moment or memory that stands out to you from that summit?

There were a few moments that stand out. There were two concurrent half day workshops. The first was on organizing and that was facilitated by RAP from Portland, Oregon. Recovery Action Project. The second was a review and analysis of a recovery survey that had been conducted by Peter Hart Associates. It was the Peter Hart

session that Gloria Cabrera a member of our group, SpeakOut: LGBT Voices for Recovery spoke up about family as seen through a LGBT lens: about family of origin issues and what was considered safe or unsafe family space.

Another thing that stuck out to me is that the summit was pretty much comprised of older white men. I remember when Gloria stood up and started talking about how the definition of family used in her community was different than how a lot of others in the room defined theirs. I looked around and I realized that most of the people in the room had no idea what she was talking about. In that moment, I was able to see that there was a lot of work that would need to occur to bring diverse perspectives to the table. It is one area I think we could have done a better job. I think we still have a lot of progress to make in respect to diversity.

3. What did you see as the motivating factors that brought you all together for that historic summit twenty years ago?

There was a pretty strong desire to develop a national recovery movement and to ensure we are at the table and have a voice in matters that impact us. The kernels of this were in part sewn with work that came out of the original RCSP grants. The statewide network grants came along later (they were dropped into the pre-existing RCSP slots). We are talking about the Recovery Community Support Program, a precursor to the Recovery Community Services Program (same acronym). I was part of one of those first grants as I started Speak Out: LGBT Voices for Recovery. We all came together during that era and started to talk about develop something on the national level. We ended up making some connections with leaders in Minnesota like Jeff Blodgett from the Alliance Project and William Cope Moyers from Hazeldon and the momentum built. It was initially thought by almost everyone that the effort would focus on improving treatment access and strengthening care, but it soon became clear that the communities we were organizing wanted to focus on recovery issues, so this became our focus.

4. How have we done in accomplishing those early goals?

We have done so very much over the last 20 years! We developed Recovery Oriented Systems of Care (ROSC) – it came from the recovery community, and we must be involved moving forward for it to evolve in meaningful ways. We have begun to build the community infrastructure that can help encapsulate the recovery experience and support people as they heal. None of those things existed for those of us who needed community support who were coming out of jails, prisons, and treatment centers prior to our efforts. These systems were not even aware of these needs. Our work has led to their consciousness about the need for recovery community support. The very idea of recovery capital and its relation to social determinants of health are things that came out of our efforts, as has the increased focus on trauma, at least to some degree.

There is also lot we have not addressed; we were both in Texas in 2013 when Bill White shared his concerns in his *State of the New Recovery Advocacy Movement address. He cautioned us at that time that we should not develop recovery support services along the lines that treatment has been developed. If we allow that to happen we risk failure. I had a sinking feeling at that time that it was probably already happening – the truth is that it did happen, and we need to think differently about how we develop recovery capital in communities. You know this well from your perspective as a statewide RCO leader. We need to address reimbursement and sustainability in ways that reflect our needs rather than rebuild the old system that was not designed to meet those needs.*

One of the things we really need to watch out for is the tendency to for government to overregulate, especially states. This is an ever-present risk and there seems to be a particular emphasis on such oversight for those of us in recovery. This may well be reflective of implicit bias within our institutions. The recovery community must remain in control of training and certifying processes like CAPRSS, so we don't end up going backwards. We need to claim ownership of the recovery supports that we have built and be vigilant that they are reflective of the values and principles that have bubbled up in grassroots recovery communities. We still have not reached a point

where people in recovery our seen as capable and equal partners. It reflects the stigmatizing moral lens of addiction: that we are not as trustworthy and need to be watched more closely than people who do not have SUD histories.

5. What do you see our greatest successes to date are?

We have profoundly changed how people see SUD care. There was nothing beyond the acute care approach and infrastructure before we started our work. It was always needed and now people wonder why we have not always thought about recovery supports. A decade ago most treatment providers had not even thought about these services or thought of them as "aftercare" which, in most cases, barely existed.

I want to add to this, it is important: We made it okay for people to come out and live openly in recovery. Before this time, people were afraid or too ashamed to come out. When people did share their recovery status, we were looked at with horror. It was a powerful step towards normalizing recovery – to make it so people do not have to be afraid to be who they are or to seek help. It is now easier to live openly in recovery and not be afraid or ashamed or feel like there is something wrong with you. What people looking back need to realize is the very sharing of recovery in public ways was revolutionary, just a handful of years ago. It brings me hope. Our stories have power – we must stay vigilant that our stories are not exploited, sanitized, or cherry-picked in efforts to make us palatable to the larger society and then our stories no longer reflect our authentic and diverse recovery experiences.

6. What did we miss if anything looking back at those goals?

I think we have missed self-vigilance in staying on a narrow course – many of us have developed service provider mentalities and become grant focused on ways that are taking us away from the kinds of work we envisioned was needed. We risk losing our way. We also do not have a very politically oriented movement. There is no broad plank in which all of us support and provides a solid political agenda to deliver recovery-oriented care to the next generation. One way for this to happen would be to have all the national recovery organizations come together and agree on things beyond their own focus areas and agree to work on together. There would need to be a focus on developing common goals and develop a political agenda that is widely supported in a nonpartisan way without the infighting that always end up harming all of us.

7. What are you most concerned about in respect to the future?

I would refer back to my answer in question six. We have to remain grounded in recovery principles like honesty, integrity and common purpose. If we lose sight of our recovery principles, the work will not be possible.

8. What would you say to future generations of recovery advocates about what we did and what to be cautious of / your wishes for them moving forward?

I would tell newer people to the recovery advocacy space to spend some time learning your own recovery history and history of the recovery movement. People must know where they came from and the struggles that have come before their time. There is a long hard road that got us to where we are today. Someone fought extremely hard for the seat you are sitting in. Acknowledging that can be a humbling experience and understanding that you are standing on the shoulders of many of came before you. One final thing is that advocacy does not have to be a career choice and that it is never a substitute for your recovery program, whatever that is. Don't neglect your self-alignment work, keep your ego at bay, and stay focused on pushing our accomplishments further ahead.

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